

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09 / 806411</b>	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						61
2	1						62
3	2						63
4	2						64
5	2						65
6	(1)						66
7	(1)						67
8	(1)						68
9	(1)						69
10	(1)						70
11	1						71
12	1						72
13	2						73
14	2						74
15	2						75
16	(1)						76
17	(1)						77
18	(1)						78
19	(1)						79
20	(1)						80
21	(1)						81
22							82
23							83
24							84
25							85
26							86
27							87
28							88
29							89
30							90
31							91
32							92
33							93
34							94
35							95
36							96
37							97
38							98
39							99
40							100
41	1						
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	2						
TOTAL DEP.	25						
TOTAL CLAIMS	27						